



BOARD OF OPTOMETRY
 400 R STREET, SUITE 4090
 SACRAMENTO, CALIFORNIA, 95814-6200
 (916) 323-8720
 www.optometry.ca.gov



PRACTICE ADDRESS NOTIFICATION

(Use this form to notify Board of your Principle Practice address or a change in your existing Principle Practice address)

Pursuant to Business and Professions Code section 3070, before engaging in the practice of optometry, each registered optometrist shall notify the Board in writing of the address or addresses where he is to engage, or intends to engage, in the practice of optometry and, also, of any changes in his place of practice.

PRINT OR TYPE

1. NAME:

 Last

 First

 Middle

 License Number

2. PRINCIPAL PLACE OF PRACTICE:

 Number and Street

 City

 State

 Zip

 Telephone Number

☐ I am employed by or am an independent contractor for: _____

☐ I am self-employed and own this location.

3. SECONDARY PRACTICE LOCATION NUMBER 1:

 Number and Street

 City

 State

 Zip

 Telephone Number

☐ I am employed by or am an independent contractor for: _____
 (Requires Statement of Licensure (SOL): Provide existing SOL number or completed SOL form with fee)

☐ I am self-employed and own this location.
 (Requires Branch Office License (BOL): Provide existing BOL number or completed BOL form with fee and attachments)

4. SECONDARY PRACTICE LOCATION NUMBER 2:

 Number and Street

 City

 State

 Zip

 Telephone Number

☐ I am employed by or am an independent contractor for: _____
 (Requires Statement of Licensure (SOL): Provide existing SOL number or completed SOL form with fee)

☐ I am self-employed and own this location.
 (Requires Branch Office License (BOL): Provide existing BOL number or completed BOL form with fee and attachments)

5. SECONDARY PRACTICE LOCATION NUMBER 3:

 Number and Street

 City

 State

 Zip

 Telephone Number

☐ I am employed by or am an independent contractor for: _____
 (Requires Statement of Licensure (SOL): Provide existing SOL number or completed SOL form with fee)

☐ I am self-employed and own this location.
 (Requires Branch Office License (BOL): Provide existing BOL number or completed BOL form with fee and attachments)

Please use reverse side of form for additional secondary locations.

I hereby certify under penalty of perjury under the laws of the State of California that the information all provided is true and correct.

Signed _____

Date _____